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OCT 28 2005

TRANSMITTAL  
FORM

Total Number of Pages in this Submission:

6

Application No.:	10/731,622
Filing Date:	December 9, 2003
First Named Inventor:	Michael Kowalcik
Group Art Unit	2187
Examiner:	Chace, Christian

Docket No. EMC-01-102CIP1

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal with Authorization for the Commissioner to charge Deposit Account No. 05-0889 (in duplicate)	<input type="checkbox"/> Assignment <input type="checkbox"/> Recordation Cover Sheet	<input type="checkbox"/> Petition for Revival of an Unintentionally Abandoned Application [37 CFR 1.137(b)] (in duplicate)
<input checked="" type="checkbox"/> Supplemental Amendment	<input type="checkbox"/> Declaration/Power of Attorney <input type="checkbox"/> Associate Power of Attorney	<input type="checkbox"/> Continued Prosecution Application (CPA) <input type="checkbox"/> Form PTOL-85B, Part B -Issue Fee Payment Transmittal," (in duplicate)
<input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Decl. Terminal Disclaimer (in duplicate)	<input type="checkbox"/> Revocation of Power of Attorney <input type="checkbox"/> Formal Drawings <input type="checkbox"/> Letter to Official Draftsperson with 5 sheets of Formal Drawings, Figs. 1-5, labeled.	<input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Certificate of Mailing or Transmission under 37 CFR 1.8
<input type="checkbox"/> Extension of Time Request for 1 Month	<input type="checkbox"/> Copy of PTO 948, "Notice of Draftsperson's Patent Review"	<input type="checkbox"/> Certificate of Express Mail Mailing
<input type="checkbox"/> Information Disclosure Statement w/ PTO Forms SB.08A page 1&2 (8 pages)	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Postcard
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		<input type="checkbox"/> Additional Enclosures:

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

10/28/05

*Scott A. Ouellette*

Date

Scott A. Ouellette, Esq. (Reg. No. 38,573)

EMC Corporation

Office of the General Counsel

176 South Street

Hopkinton, MA 01748-9103

Tel: (508) 435-1000, ext. 77835

Fax: (508) 497-6915

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10/28/05

*Linda Valanzola*

Date

Signature

Linda Valanzola

Typed or printed name of person signing certificate

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